

10/19

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	WT	61607	2/6/00
<b>O.I.P.E. CLASSIFIER</b>		59	2/6/00
<b>FORMALITY REVIEW</b>	ZZ	811	
<b>RESPONSE FORMALITY REVIEW</b>			11/17/00

RE

EST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	52/10/5/12
Original	1/16/08/10
1	1/22/03
2	
3	✓ ✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓ ✓
8	✓ ✓ 0 ✓ ✓ ✓
9	✓ ✓ ✓ ✓ ✓ ✓
10	✓ ✓ ✓ ✓ ✓ ✓
11	✓ 0 0 9 0
12	✓ ✓ ✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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